



**SUBSTITUTE APPLICATION  
AND INFORMATION  
ST. MARY'S EPISCOPAL SCHOOL**

**NAME:** \_\_\_\_\_

**DATE SUBMITTING APPLICATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**SS#** \_\_\_\_\_

**(for background check & payment information)**

**DATE OF BIRTH:** \_\_\_\_\_

**I am unable to work on the following days/times:**

\_\_\_\_\_

\_\_\_\_\_

**Signature and Date:**

**Please attach copy of past teaching certificate (if available),  
resume and/or current background check.**